

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
12 01 2013

through

M M M / D D D / Y Y Y Y Y Y
12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 23 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
12		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2013</div>		<div>2014670.42</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>3012342.58</div>	
(c) Total Receipts (from Line 19)	<div>185157.73</div>	<div>2006559.94</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>3197500.31</div>	<div>4021230.36</div>
7. Total Disbursements (from Line 31).....	<div>70998.36</div>	<div>894728.41</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>3126501.95</div>	<div>3126501.95</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
12	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y Y
12	/	31	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

128888.57

954261.85

(ii) Unitemized

43007.24

372868.18

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

171895.81

1327130.03

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

15000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

171895.81

1342130.03

12. Transfers From Affiliated/Other

Party Committees.....

13000.00

659875.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

261.92

2554.91

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

185157.73

2006559.94

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

185157.73

2006559.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	298.36	3882.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	298.36	3882.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70700.00	890750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	95.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	95.50
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	70998.36	894728.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70998.36	894728.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	171895.81	1342130.03
34. Total Contribution Refunds (from Line 28(d))	0.00	95.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	171895.81	1342034.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	298.36	3882.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	298.36	3882.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eugene A Woods FACHE

Mailing Address 6363 North Highway 161, Suite 450

City State Zip Code
 Irving TX 75038-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHRISTUS Health

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 02 / 2013

Transaction ID : 21295394

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Ben Bache-Wiig MD

Mailing Address 800 East 28th Street

City State Zip Code
 Minneapolis MN 55407-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abbott Northwestern Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 03 / 2013

Transaction ID : 21295816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Stacy Barstad

Mailing Address 251 Fifth Street East

City State Zip Code
 Tracy MN 56175-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Westbrook Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 03 / 2013

Transaction ID : 21295817

Amount of Each Receipt this Period

57.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1307.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.95

Date of Receipt

12 / 03 / 2013

Transaction ID : 21295847

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

B. Ms Karen Perdue

Mailing Address 1049 West Fifth Avenue Suite 100

City

Anchorage

State

AK

Zip Code

99501-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alaska State Hospital and Nursing Home

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 05 / 2013

Transaction ID : 21300154

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

12 / 03 / 2013

Transaction ID : 21300160

Amount of Each Receipt this Period

37.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1055.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City State Zip Code
 Lohman MO 65053-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 03 2013

Transaction ID : 21300168

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City State Zip Code
 Jefferson City MO 65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 03 2013

Transaction ID : 21300169

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ms. Carol Aaron

Mailing Address 2534 NE Regents

City State Zip Code
 Portland OR 97212-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President, Culture & Peopl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2013

Transaction ID : 21300185

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Neil Johnson RN, BA, BS

Mailing Address 25707 NE 67th Place

City

Redmond

State

WA

Zip Code

98053-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2013			

Transaction ID : 21300186

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Robin Virgin

Mailing Address 12310 NE 21st Street

City

Vancouver

State

WA

Zip Code

98684-5510

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2013			

Transaction ID : 21300187

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James H Hinton

Mailing Address P O Box 26666

City

Albuquerque

State

NM

Zip Code

87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Healthcare Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2013			

Transaction ID : 21300216

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 171
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sandra C Podley

Mailing Address 101 Civic Center Lane

City State Zip Code
Lake Havasu City AZ 86403-5607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : 21300217

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code
Livingston NJ 07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21300559

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. Ms. Sarah Lechner

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.25

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21300561

Amount of Each Receipt this Period

16.25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

279.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Paula Yoshioka

Mailing Address 1301 Punchbowl Street

City

Honolulu

State

HI

Zip Code

96813-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Queen's Health Systems

Occupation

Senior Vice President Corporate Develo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 03 / 2013

Transaction ID : 21301819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Margaret S Cleary

Mailing Address 181 Corliss Lane

City

Colebrook

State

NH

Zip Code

03576-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grace Cottage Hospital

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21301851

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen Canessa

Mailing Address 363 Highland Avenue

City

Fall River

State

MA

Zip Code

02720-3703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcoast Hospitals Group

Occupation

Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

12 / 09 / 2013

Transaction ID : 21304280

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

862.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis W. Chalke

Mailing Address 80 Jonquil Lane

City	State	Zip Code
Longmeadow	MA	01106-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2013

Transaction ID : 21304281

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr Gordon Josephson

Mailing Address P.O. Box 547

City	State	Zip Code
West Stockbridge	MA	01266-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

Interim President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2013

Transaction ID : 21304283

Amount of Each Receipt this Period

112.50

Full Name (Last, First, Middle Initial)

C. Mr. Patrick R Wardell

Mailing Address 25 Carver Street

City	State	Zip Code
Cambridge	MA	02138-1969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambridge Health Alliance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2013

Transaction ID : 21304287

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ▶

750.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Aresco

Mailing Address 49 Cedar Spring Road

City

Burlington

State

CT

Zip Code

06013-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian Cournoyer

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Manager, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304479

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Marcus McKinney

Mailing Address 65 Quail Run

City

South Windsor

State

CT

Zip Code

06074-2357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

VP, Community Health Equity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304540

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert E Smanik FACHE

Mailing Address P O Box 6001

City State Zip Code
Putnam CT 06260-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Day Kimball Hospital President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304553

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen W Larcen PhD

Mailing Address 189 Storrs Road

City State Zip Code
Mansfield Center CT 06250-1638

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Natchaug Hospital President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304554

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Elliot T Joseph

Mailing Address 3 Sunningdale

City State Zip Code
Farmington CT 06032-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Hartford Healthcare President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304555

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J. Brady III

Mailing Address 5 Lynnbrook Road

City

Trumbull

State

CT

Zip Code

06611-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Vice President, Business Development &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304559

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Anthony Dias MBBS, DPM,

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Vice President, Data Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304560

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Robert J. Falaguerra FASHE, CHF

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Vice President Facilities Support Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304562

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John N Giamalis

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304563

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. David M. Bittner

Mailing Address 32 Nottingham Blvd

City State Zip Code
Unionville CT 06085-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304564

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Surendra P Khera

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304568

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Gregory T. Makoul PhD

Mailing Address 49 Madison Ave

City

Madison

State

CT

Zip Code

06443-3135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Sr. Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304569

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Jess Kupec

Mailing Address 8 Ellridge Place

City

Ellington

State

CT

Zip Code

06029-3633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

President and CEO, St. Francis Partner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304570

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Ann Hanley

Mailing Address 349 East Street

City

Hebron

State

CT

Zip Code

06248-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Director, The Valencia Society

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304573

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dawn Bryant

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Care, Inc.

Occupation

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304574

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Stuart E Rosenberg

Mailing Address 201 Chestnut Hill Road

City

Stafford Springs

State

CT

Zip Code

06076-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johnson Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304575

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John Rodis MD

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Care, Inc.

Occupation

Director, Women & Infant Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 21304576

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher Hartley

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Senior Vice President Planning and Fac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304577

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Susan D Lanese

Mailing Address 260 Catlin Rd

City

Harwinton

State

CT

Zip Code

06791-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital and Medical Cen

Occupation

Executive Director Clinical Intergrati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Susan L Davis RN, EdD, F

Mailing Address 2800 Main Street

City

Bridgeport

State

CT

Zip Code

06606-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent's Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304580

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Steven D Hanks

Mailing Address P O Box 100

City

New Britain

State

CT

Zip Code

06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Britain General Hospital

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304581

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Rocco Orlando III

Mailing Address PO Box 5037

City

Hartford

State

CT

Zip Code

06102-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Healthcare

Occupation

Senior Vice President and CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304584

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Mr. Stephen A. Frayne

Mailing Address 411 Old Sherman Hill Road

City

Woodbury

State

CT

Zip Code

06798-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Senior Vice President, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304586

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kurt A Barwis FACHE

Mailing Address 21 Lakewood Circle

City
Bristol

State
CT

Zip Code
06010-9405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : 21304587

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth P. Marshall

Mailing Address 530 South Jackson Street

City

Louisville

State

KY

Zip Code

40202-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville Hospital

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21305767

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Mr. Greg Kiser

Mailing Address P O Box 769

City

Louisa

State

KY

Zip Code

41230-0769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Three Rivers Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21305769

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Nick Bastin

Mailing Address P O Box 1310

City

Mount Vernon

State

KY

Zip Code

40456-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockcastle Regional Hospital and Respi

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21305770

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark T Brenzel

Mailing Address 3503 Lakesied Ct

City

Somerset

State

KY

Zip Code

42503-9569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Cumberland Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21305772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Ruth W Brinkley

Mailing Address 222 E. Witherspoon
#1104

City

Louisville

State

KY

Zip Code

40202-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer

KentuckyOne

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21305773

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sheila Currans

Mailing Address 1210 KY Highway 36E

City State Zip Code
 Cynthiana KY 41031-7498

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harrison Memorial Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2013

Transaction ID : 21305774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul Janssen

Mailing Address 601 Hosier Drive

City State Zip Code
 New Castle IN 47362-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Henry County Hospital

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 11 / 2013

Transaction ID : 21305978

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr David Russell

Mailing Address 1470 SW 19 Ct

City State Zip Code
 Gresham OR 97080-9658

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Adventist Medical Center-Portland

Occupation
 Vice President Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2013

Transaction ID : 21306776

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Perry

Mailing Address 320 NW 131st St

City

Vancouver

State

WA

Zip Code

98685-2963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Medical Center-Portland

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21306778

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Thompson

Mailing Address 210 Bellerive Drive

City

Eagle Point

State

OR

Zip Code

97524-9733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Quality Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21306782

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott Kelly

Mailing Address 675 S Oregon St

City

Jacksonville

State

OR

Zip Code

97530-9792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21306783

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Win Howard

Mailing Address 378 Sierra Lodge Drive

City

Grants Pass

State

OR

Zip Code

97527-9087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Three Rivers Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307449

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick Hocking

Mailing Address 1562 Cypress Point Dr

City

Medford

State

OR

Zip Code

97504-9073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Administrator and Finance Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307450

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Fred E. Coleman

Mailing Address 14505 NW 52nd Ct

City

Vancouver

State

WA

Zip Code

98685-0511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Medical Director, Surgical Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lori Morgan MD

Mailing Address 2801 North Gantenbein Avenue

City

Portland

State

OR

Zip Code

97227-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Emanuel Hospital and Health Cen

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307452

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Harold S Geller

Mailing Address 315 North 14th Avenue

City

Othello

State

WA

Zip Code

99344-1254

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307453

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Theron Park

Mailing Address 4805 NE Glisan Street

City

Portland

State

OR

Zip Code

97213-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Portland Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307454

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. David Holloway MD

Mailing Address 3735 Cherokee Drive South

City
Salem

State
OR

Zip Code
97302-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Valley Hospital

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307458

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard M Cagen

Mailing Address 342 Fairview Street

City
Silverton

State
OR

Zip Code
97381-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Silverton Hospital

Occupation
President/Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307459

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. John Jay Kenagy PhD

Mailing Address 1801 Lind Avenue SW, 9016

City
Renton

State
WA

Zip Code
98057-3368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Meridian Park Hospital

Occupation
Senior Vice President and Chief Inform

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307463

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lewis Low MD

Mailing Address 9222 NW Murdock

City

Portland

State

OR

Zip Code

97229-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Salmon Creek Medical Center

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : 21307469

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Jenny UlumMailing Address 975 Oak
Suite 610

City

Eugene

State

OR

Zip Code

97401-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Sacred Heart Medical Cente

Occupation

Director Public Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : 21307470

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Mr. Rick Yecny

Mailing Address 400 Ninth Street

City

Florence

State

OR

Zip Code

97439-7398

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Peace Harbor Medical Cente

Occupation

Chief Executive Officer and Chief Miss

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : 21307471

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Tim Hermann

Mailing Address 1965 Alder St

City State Zip Code
 Eugene OR 97405-2937

FEC ID number of contributing federal political committee.

C

Name of Employer

PeaceHealth Sacred Heart Medical Cente

Occupation

Regional VP Hosp. Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 11 2013

Transaction ID : 21307472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John G Hill

Mailing Address 2751 Shadow View Dr

City State Zip Code
 Eugene OR 97408-4640

FEC ID number of contributing federal political committee.

C

Name of Employer

PeaceHealth Sacred Heart Medical Cente

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 11 2013

Transaction ID : 21307473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Jane Dillon

Mailing Address 307 Forest Rd

City State Zip Code
 Hinsdale IL 60521-3717

FEC ID number of contributing federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 11 2013

Transaction ID : 21307487

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Farrell

Mailing Address 729 S. Lincoln Street

City

Hinsdale

State

IL

Zip Code

60521-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307488

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Mr. Scott Ford

Mailing Address 24 Stonehenge Court

City

Bloomington

State

IL

Zip Code

61705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate BroMenn Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307489

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Dana Gilbert

Mailing Address 1041 Butternut Lane

City

Northbrook

State

IL

Zip Code

60062-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307491

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Colleen Kannaday FACHE

Mailing Address P O Box 2850

City

Bloomington

State

IL

Zip Code

61702-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Eureka Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 11 / 2013

Transaction ID : 21307494

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Ms. Anedra Kerr

Mailing Address 6113 South Kimberly Avenue

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2013

Transaction ID : 21307495

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Anna Laible

Mailing Address 101 South Major Street

City

Eureka

State

IL

Zip Code

61530-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Eureka Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2013

Transaction ID : 21307496

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara J Martin RN

Mailing Address 2615 Washington Street

City

Waukegan

State

IL

Zip Code

60085-4980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vista Medical Center East

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307500

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Ms. Susan Nordstrom Lopez

Mailing Address 836 West Wellington Avenue

City

Chicago

State

IL

Zip Code

60657-5147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Illinois Masonic Medical Cent

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307503

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Ms. Sharon A. Otten

Mailing Address 10301 South Drake

City

Chicago

State

IL

Zip Code

60655-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Christ Medical Center

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307521

Amount of Each Receipt this Period

400.00

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TOTAL This Period (last page this line number only)..... ►

1900.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rosetta Speights

Mailing Address 13129 W. Wakefield Drice

City

Beach Park

State

IL

Zip Code

60083-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vista Medical Center East

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307522

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Zadylak MD

Mailing Address 152 W. Burton Pl

City

Chicago

State

IL

Zip Code

60610-6564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Illinois Masonic Medical Cent

Occupation

Vice President Medical Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : 21307524

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Chris B Barber FACHE

Mailing Address 225 East Jackson Avenue

City

Jonesboro

State

AR

Zip Code

72401-3119

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Bernards Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307545

Amount of Each Receipt this Period

227.50

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877.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary Bebow FACHE

Mailing Address P O Box 2197

City
Batesville

State
AR

Zip Code
72503-2197

FEC ID number of contributing
federal political committee.

C

Name of Employer

White River Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307546

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Mr. Tim Bowen

Mailing Address 311 North Morrow Street

City
Mena

State
AR

Zip Code
71953-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mena Regional Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307547

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. Greg Crain FACHE

Mailing Address 9601 Interstate 630, Exit 7

City
Little Rock

State
AR

Zip Code
72205-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Medical Center-Little R

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307548

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

682.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ryan Gehrig

Mailing Address P O Box 1308

City

Norman

State

OK

Zip Code

73070-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Fort Smith

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307552

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Mr. Lee Gentry FACHE

Mailing Address 9601 Interstate 630, Exit 7, 10th

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Rehabilitation Institut

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307553

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. Russell D Harrington Jr FACHE

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307554

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1202.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Walter E Johnson Jr.

Mailing Address 1600 West 40th Avenue

City

Pine Bluff

State

AR

Zip Code

71603-7089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : 21307555

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Mr. Edward L Lacy FACHE

Mailing Address 1800 Bypass Road

City

Heber Springs

State

AR

Zip Code

72543-9135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Medical Center-Heber Sp

Occupation

Vice President and Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : 21307556

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. James M Lambert FACHE

Mailing Address 2302 College Avenue

City

Conway

State

AR

Zip Code

72032-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Conway Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : 21307561

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

682.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Vincent Leist

Mailing Address 620 North Main Street

City

Harrison

State

AR

Zip Code

72601-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Arkansas Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307562

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Mr. Jason Miller

Mailing Address 2 St. Vincent Circle

City

Little Rock

State

AR

Zip Code

72205-5423

FEC ID number of contributing
federal political committee.

C

Name of Employer

BridgeWay, The

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307564

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. Raymond W Montgomery II FACHE

Mailing Address 3214 East Race Avenue

City

Searcy

State

AR

Zip Code

72143-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer

White County Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307565

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry Morse

Mailing Address P O Box 738

City
Clarksville

State
AR

Zip Code
72830-0738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Regional Medical Center

Occupation
Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307578

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Ms. Rosi Smith

Mailing Address 1 Children's Way

City
Little Rock

State
AR

Zip Code
72202-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Children's Hospital

Occupation
Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307581

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. Scott Street

Mailing Address 2710 Rife Medical Lane

City
Rogers

State
AR

Zip Code
72758-1452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital Rogers

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307592

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1202.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas Weeks FACHE

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Senior Vice President of Hosp Operatio

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21307593

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Ms. Elisa M. White

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21307594

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Ms. Debra J. Wright RNMailing Address 800 West Leslie Street
P O Box 381

City

Nashville

State

AR

Zip Code

71852-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Howard Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21307596

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

877.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Anna M Adams

Mailing Address 2600 Abbotts Glen Drive

City

Acworth

State

GA

Zip Code

30101-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Government Relations Coordinator

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : 21307618

Amount of Each Receipt this Period

0.50

Full Name (Last, First, Middle Initial)

B. Mr. David W Anderson

Mailing Address 805 Sandy Plains Road

City

Marietta

State

GA

Zip Code

30066-6340

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive Vice President and Chief Com

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : 21307619

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Donald R Avery FACHE

Mailing Address P O Box 1408

City

Dublin

State

GA

Zip Code

31040-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairview Park Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : 21307621

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

375.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jean Aycock

Mailing Address 143 Lakecrest Drive. NE

City State Zip Code
Milledgeville GA 31061-9093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oconee Regional Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307622

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth Banks

Mailing Address 777 Hemlock Street

City State Zip Code
Macon GA 31201-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Central Georgia

Occupation
Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307623

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Don Campbell MD

Mailing Address 1114 Hazeltine Lane

City State Zip Code
Kennesaw GA 30152-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellStar Cobb Hospital

Occupation
Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 21307629

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 171
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William Daniel Jr.

Mailing Address P O Box 23089

City
SavannahState
GAZip Code
31403-3089FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Health

Occupation

Member, Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Transaction ID : 21307633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Stephanie Fletcher

Mailing Address 35 Hospital Road

City
BlairsvilleState
GAZip Code
30512-3139FEC ID number of contributing
federal political committee.

C

Name of Employer

Union General Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Transaction ID : 21307638

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Reynold J Jennings

Mailing Address 508 Sandy Plains Road

City
MariettaState
GAZip Code
30066FEC ID number of contributing
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Transaction ID : 21307647

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Stephen R Mayfield

Mailing Address 60 Highlands Lane

City State Zip Code
 Oxford GA 30054-2928

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center of Central Georgia

Occupation
 Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2013

Transaction ID : 21307654

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Ninfa Saunders

Mailing Address 4164 Canyon Road

City State Zip Code
 Macon GA 31210-4715

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center of Central Georgia

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2013

Transaction ID : 21307673

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott Schmidly

Mailing Address 5665 Peachtree Dunwoody Road NE

City State Zip Code
 Atlanta GA 30342-1701

FEC ID number of contributing federal political committee.

C

Name of Employer
 Saint Joseph's Hospital of Atlanta

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2013

Transaction ID : 21307674

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony Trupiano

Mailing Address 3917 Bridgewater Court NW

City State Zip Code
 Acworth GA 30101-5712

FEC ID number of contributing federal political committee.

C

Name of Employer
 WellStar Health System

Occupation
 Senior Vice President, Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2013

Transaction ID : 21307685

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mrs. Bonnie Perratto MSN, FACHE

Mailing Address 6 Derbyshire Ct.

City State Zip Code
 Dover DE 19904-5746

FEC ID number of contributing federal political committee.

C

Name of Employer
 Bayhealth Medical Center

Occupation
 Sr.VP/Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2013

Transaction ID : 21310955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jaime Pla

Mailing Address Villa Nevarez Professional Center,

City State Zip Code
 San Juan PR 00927

FEC ID number of contributing federal political committee.

C

Name of Employer
 Puerto Rico Hospital Association

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 17 2013

Transaction ID : 21315664

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pegeen A. Townsend

Mailing Address 225 McKeon Road

City

Severna Park

State

MD

Zip Code

21146-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Vice President Government Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : 21315688

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael T Baxter

Mailing Address 400 West 16th Street

City

Pueblo

State

CO

Zip Code

81003-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : 21315690

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas P. NickelsMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Vice President, Federal Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : 21315692

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Donovan

Mailing Address 512 Brookside Dr

City

New London

State

NH

Zip Code

03257-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt. Ascutney Hospital and Health Centre

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21315693

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald J Rush

Mailing Address 1915 East Rezanof Drive

City

Kodiak

State

AK

Zip Code

99615-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Kodiak Island Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21315696

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott W Bosch FACHE

Mailing Address 2520 Cherry Avenue

City

Bremerton

State

WA

Zip Code

98310-4270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21315701

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David R Molmen

Mailing Address 398 Woodland Cir

City

Grand Forks

State

ND

Zip Code

58201-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Altru Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21315711

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Marc P. Blum

Mailing Address 2907 W. Strathmore Avenue

City

Baltimore

State

MD

Zip Code

21209-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifeBridge Health

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21315716

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Mr. Timothy R. Hearn

Mailing Address P.O. Box 44670

City

Baltimore

State

MD

Zip Code

21236-6670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheppard Pratt Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21315721

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Henry A. Rosenberg Jr.

Mailing Address 5 High Green Lane

City
StevensonState
MDZip Code
21153-0656FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennedy Krieger Institute

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21315729

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

B. Mr. Gerald J Boisvert

Mailing Address 282 Washington Street

City
HartfordState
CTZip Code
06106-3322FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Children's Medical Center

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21317310

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick Charmel

Mailing Address 130 Division Street

City
DerbyState
CTZip Code
06418-1326FEC ID number of contributing
federal political committee.

C

Name of Employer

Griffin Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21317311

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1190.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin N. Reynolds

Mailing Address 71 Sycamore Road

City

West Hartford

State

CT

Zip Code

06117-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Care, Inc.

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21317313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. N Travis Clark

Mailing Address 200 Memorial Drive

City

Luray

State

VA

Zip Code

22835-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Page Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21317320

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Margaret DeNarvaez

Mailing Address 1905 American Way

City

Kingsport

State

TN

Zip Code

37660-5882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellmont Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21317321

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Louise Eidson Edwards

Mailing Address 4424 Deborah Ct.

#3

City

Chesapeake

State

VA

Zip Code

23321-4315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours Hampton Health System

Occupation

Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : 21317322

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Ms. Pat Evans

Mailing Address 2312 Haversham Close

City

Virginia Beach

State

VA

Zip Code

23454-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

HR Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : 21317323

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. David Jenkins

Mailing Address 2620 Pleasant Run Drive

City

Richmond

State

VA

Zip Code

23233-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Director of Human Services

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : 21317332

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth M. Krakaur

Mailing Address 108 Burwell Court

City
Williamsburg

State
VA

Zip Code
23185-6507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21317333

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark S. Stauder

Mailing Address 10005 Fox Spring Ct

City
Oakton

State
VA

Zip Code
22124-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21317335

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Ms. Alethea Williams-Carlson

Mailing Address 2132 St. Marshall

City
Virginia Beach

State
VA

Zip Code
23454-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours-DePaul Medical Center

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21317336

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Matthew L Anderson JD

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Regulatory/Strategic A

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

876.85

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21318193

Amount of Each Receipt this Period

438.43

Full Name (Last, First, Middle Initial)

B. Ms. Wendy BurtMailing Address 2550 University Avenue W.
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Communications & Publi

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21318195

Amount of Each Receipt this Period

182.68

Full Name (Last, First, Middle Initial)

C. Ms. Tania Daniels

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Patient Safety

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21318196

Amount of Each Receipt this Period

182.69

SUBTOTAL of Receipts This Page (optional)..... ►

803.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ann Gibson

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.99

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21318197

Amount of Each Receipt this Period

220.99

Full Name (Last, First, Middle Initial)

B. Ms. Mary Krinkie

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21318202

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Kristin Loncorich

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director of State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 21318203

Amount of Each Receipt this Period

182.69

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

653.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

City	State	Zip Code
Saint Paul	MN	55114-1907

FEC ID number of contributing federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2283.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : 21318204

Amount of Each Receipt this Period

872.94

Full Name (Last, First, Middle Initial)

B. Mr. Ben PeltierMailing Address 2550 University Avenue W.
Suite 350-S

City	State	Zip Code
Saint Paul	MN	55114-1907

FEC ID number of contributing federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : 21318208

Amount of Each Receipt this Period

365.46

Full Name (Last, First, Middle Initial)

C. Mr. Joseph A SchindlerMailing Address 2550 University Avenue W.
Suite 350-S

City	State	Zip Code
Saint Paul	MN	55114-1052

FEC ID number of contributing federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : 21318209

Amount of Each Receipt this Period

192.69

SUBTOTAL of Receipts This Page (optional)..... ►

1431.09

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Sonneborn

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President of Information Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.89

Date of Receipt

12 / 16 / 2013

Transaction ID : 21318210

Amount of Each Receipt this Period

182.95

Full Name (Last, First, Middle Initial)

B. Ms. Peggy Westby

Mailing Address 2550 University Avenue W.
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.37

Date of Receipt

12 / 16 / 2013

Transaction ID : 21318211

Amount of Each Receipt this Period

182.69

Full Name (Last, First, Middle Initial)

C. Mr. Brock D Nelson MHA

Mailing Address 640 Jackson Street

City

Saint Paul

State

MN

Zip Code

55101-2595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regions Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 16 / 2013

Transaction ID : 21318212

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sonia Salvino

Mailing Address 11100 Euclid Avenue

City
Cleveland

State
OH

Zip Code
44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals Case Medical Cent

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21318239

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Clifford R. Lehman

Mailing Address 448 Strathaven

City
Findlay

State
OH

Zip Code
45840-7468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Senior Vice President Services & Opera

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21318384

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Chris Clarke

Mailing Address 5201 Virginia Way

City
Brentwood

State
TN

Zip Code
37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President, Center for Pati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2013

Transaction ID : 21319001

Amount of Each Receipt this Period

99.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1099.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael A. Dietrich

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 18 / 2013

Transaction ID : 21319003

Amount of Each Receipt this Period

99.90

Full Name (Last, First, Middle Initial)

B. Mr. Chris Giese

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.22

Date of Receipt

12 / 18 / 2013

Transaction ID : 21319004

Amount of Each Receipt this Period

100.82

Full Name (Last, First, Middle Initial)

C. Mr. James L. Goodloe

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 18 / 2013

Transaction ID : 21319005

Amount of Each Receipt this Period

199.95

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bill Jolley

Mailing Address 5201 Virginia Way

City State Zip Code
 Brentwood TN 37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tennessee Hospital Association

Occupation
 Vice-President-Rural Health Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2013

Transaction ID : 21319008

Amount of Each Receipt this Period

99.90

Full Name (Last, First, Middle Initial)

B. Mr. David H. McClure

Mailing Address 5201 Virginia Way

City State Zip Code
 Brentwood TN 37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tennessee Hospital Association

Occupation
 Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2013

Transaction ID : 21319009

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

C. Mr. David Neiger

Mailing Address 5201 Virginia Way

City State Zip Code
 Brentwood TN 37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tennessee Hospital Association

Occupation
 VP Accounting/ Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2013

Transaction ID : 21319010

Amount of Each Receipt this Period

72.00

SUBTOTAL of Receipts This Page (optional)..... ►

243.90

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Gwyn E Walters

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP for Research and Reimbursement

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2013

Transaction ID : 21319011

Amount of Each Receipt this Period

99.90

Full Name (Last, First, Middle Initial)

B. Mr. Sam Price

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36802-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Executive Vice President Finance/Chief

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319023

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Bruce Zartman

Mailing Address 1820 Coopers Pound Rd

City

Auburn

State

AL

Zip Code

36830-7278

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319024

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2099.90

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Laura D Grill BSN, RN

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Executive Vice President and Administr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319025

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Susan Johnston

Mailing Address 2208 Heritage Dr

City

Opelika

State

AL

Zip Code

36804-7606

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319026

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. LeAnne Moran

Mailing Address 6451 Rock Spring Rd

City

Jacksons Gap

State

AL

Zip Code

36861-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President/Revenue Cycle

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319027

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Roben H Nutter MBA, CPHQ

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36801-5452

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President and General C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319028

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Sarah T. Gray

Mailing Address 3010 Pheasant Dr

City State Zip Code
Opelika AL 36801-3363

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President/Information T

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319029

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Gregory A. Nichols CHFM

Mailing Address 22136 Veterans Memorial Pkwy

City State Zip Code
Lafayette AL 36862-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319030

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jane M. Fullum

Mailing Address 839 Millers Point Rd

City

Auburn

State

AL

Zip Code

36830-7628

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319031

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Carey M. Owen

Mailing Address 2520 Springwood Drive

City

Auburn

State

AL

Zip Code

36830-7236

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319034

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Rosemary Blackmon

Mailing Address 547 Le Grand Place

City

Montgomery

State

AL

Zip Code

36106-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Hospital Association

Occupation

Exec. Vice President of Public Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319035

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Keith Pennington

Mailing Address 995 Ninth Avenue SW

City

Bessemer

State

AL

Zip Code

35022-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical West

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319037

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Danne J. Howard

Mailing Address 1225 Chadwick Lane

City

Montgomery

State

AL

Zip Code

36117-8962

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Hospital Association

Occupation

Senior Vice President Government Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319038

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Margaret Whatley

Mailing Address 8223 Greyfield Dr

City

Montgomery

State

AL

Zip Code

36117-6913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Hospital Association

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319039

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jane Knight

Mailing Address 1612 Salisbury Place

City

Montgomery

State

AL

Zip Code

36117-2562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Hospital Association

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319040

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Ronald S Owen FACHE

Mailing Address P O Box 6987

City

Dothan

State

AL

Zip Code

36302-6987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Alabama Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319041

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Charles C Brannen

Mailing Address P O Box 6987

City

Dothan

State

AL

Zip Code

36302-6987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Alabama Medical Center

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319042

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Barry S Cochran FACHE

Mailing Address P O Drawer 710

City

Fayette

State

AL

Zip Code

35555-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fayette Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319060

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Todd S Kennedy

Mailing Address 50 Medical Park East Drive

City

Birmingham

State

AL

Zip Code

35235-9987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319061

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. John T Faulstich

Mailing Address 500 22nd Street South, Suite 408

City

Birmingham

State

AL

Zip Code

35233-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319062

Amount of Each Receipt this Period

350.00

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TOTAL This Period (last page this line number only)..... ►

1350.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carol Maietta

Mailing Address 1131 Lake Forest Circle

City State Zip Code
 Hoover AL 35244-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent's Health System

Occupation

Senior VP, Human Resources & Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2013

Transaction ID : 21319063

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Vicki L. Briggs

Mailing Address 196 Highland View Dr

City State Zip Code
 Birmingham AL 35242-6847

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent's Health System

Occupation

System Executive Vice President and CO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2013

Transaction ID : 21319064

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Dr. Charles L. Harkness D.O.

Mailing Address 2836 Country Club Boulevard

City State Zip Code
 Orange Park FL 32073-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Alabama Medical Center

Occupation

VP Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2013

Transaction ID : 21319065

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Ronnie Dean

Mailing Address 1108 Ross Clark Circle

City

Dothan

State

AL

Zip Code

36301-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Alabama Medical Center

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319066

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher B Griffin

Mailing Address P O Box 908

City

Brewton

State

AL

Zip Code

36427-0908

FEC ID number of contributing
federal political committee.

C

Name of Employer

D. W. McMillan Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319067

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Kelli Powers

Mailing Address 605 S. 4th Street

City

Lanett

State

AL

Zip Code

36863-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Athens-Limestone Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319068

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David S Spillers

Mailing Address 101 Sivley Road

City State Zip Code
Huntsville AL 35801-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huntsville Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319069

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven Blumberg

Mailing Address 1913 West Avenue

City State Zip Code
Linwood NJ 08221-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer

AtlantiCare

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21319074

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

c. Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code
Manasquan NJ 08736-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21319077

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1234.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319082

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319087

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.90

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319093

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

19.50

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy J. Keough

Mailing Address 23 Nelson Drive

City

Barnegat

State

NJ

Zip Code

08005-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Health Information Mgm

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21319097

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21319099

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Ms. Sarah Lechner

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21319100

Amount of Each Receipt this Period

152.75

SUBTOTAL of Receipts This Page (optional)..... ▶

165.75

TOTAL This Period (last page this line number only)..... ▶

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John K Lloyd

Mailing Address 11 Mohawk Avenue

City

Oceanport

State

NJ

Zip Code

07757-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319101

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard P Miller

Mailing Address 122 Bainbridge Street

City

Philadelphia

State

PA

Zip Code

19147-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319105

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

C. Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319106

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2606.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Keith Novak

Mailing Address 760 Alexander Road

City
Princeton

State
NJ

Zip Code
08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.50

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319108

Amount of Each Receipt this Period

136.50

Full Name (Last, First, Middle Initial)

B. Mr. David P. Oviedo

Mailing Address 7429 Riverside Station

City

Secaucus

State

NJ

Zip Code

07094-4458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Peter's Healthcare System

Occupation

Vice President, Supplies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.25

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319110

Amount of Each Receipt this Period

211.25

Full Name (Last, First, Middle Initial)

C. Mr. Antonio D. Pilgrim

Mailing Address 10541 Avenue L

City

Brooklyn

State

NY

Zip Code

11236-4631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Peter's Healthcare System

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.25

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319112

Amount of Each Receipt this Period

211.25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

559.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2013			

Transaction ID : 21319114

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. Domenic Segalla Jr.

Mailing Address 611 Monroe Street

City

Hoboken

State

NJ

Zip Code

07030-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2013			

Transaction ID : 21319116

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. Kevin J Slavin FACHE

Mailing Address 360 Lafayette Street

City

Hackettstown

State

NJ

Zip Code

07840-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Orange General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2013			

Transaction ID : 21319117

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

884.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Slotman

Mailing Address 760 Alexander Road

City
Princeton

State
NJ

Zip Code
08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21319118

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. Darrell K Terry Sr

Mailing Address 186 Kilburn Place

City

South Orange

State

NJ

Zip Code

07079-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21319122

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

c. Mr. Douglas Baer

Mailing Address 3599 University Boulevard South

City

Jacksonville

State

FL

Zip Code

32216-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brooks Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 21319128

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

259.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lars D Houmann

Mailing Address 601 East Rollins Street

City

Orlando

State

FL

Zip Code

32803-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 19 / 2013

Transaction ID : 21319136

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Dr. John Mahoney MD

Mailing Address 2920 Ivanahoe Road

City

Tallahassee

State

FL

Zip Code

32312-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Memorial HealthCare

Occupation

Chief Medical Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 19 / 2013

Transaction ID : 21319138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms Beverly Sheffield

Mailing Address 4510 Lake Gem Cir.

City

Orlando

State

FL

Zip Code

32806-7121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Director Contract Administration

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

12 / 19 / 2013

Transaction ID : 21319177

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Chrystal Stickle

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 19 / 2013

Transaction ID : 21319179

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen Zeiler

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 19 / 2013

Transaction ID : 21319180

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Eileen F Skinner , FACHE

Mailing Address 144 State Street

City

Portland

State

ME

Zip Code

04101-3776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital of Portland

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 21319211

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bill M Welch

Mailing Address 5250 Neil Road, Suite 302

City State Zip Code
 Reno NV 89502-6568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21327327

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Laurie Krueger-Boyer MHA

Mailing Address 5250 Neil Road
 Suite 302

City State Zip Code
 Reno NV 89502-6568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada Hospital Association

Occupation

Director, Communications & Member Educ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21327328

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Gregory E Boyer

Mailing Address 10101 Double 'R' Boulevard

City State Zip Code
 Reno NV 89521-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renown Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21327329

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Christine R Wray

Mailing Address P.O. Box 527

City

Leonardtown

State

MD

Zip Code

20650-0527

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar St. Mary's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2013			

Transaction ID : 21327331

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Lewis

Mailing Address 1234 Washington Drive

City

Annapolis

State

MD

Zip Code

21403-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2155.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2013			

Transaction ID : 21327332

Amount of Each Receipt this Period

1155.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick H. Murray

Mailing Address 3114 E. Baltimore Street

City

Baltimore

State

MD

Zip Code

21224-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Health System

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2013			

Transaction ID : 21327333

Amount of Each Receipt this Period

415.00

SUBTOTAL of Receipts This Page (optional)..... ►

3070.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marna P Borgstrom

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale-New Haven Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 23 / 2013

Transaction ID : 21327334

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Darlene Stromstad FACHE

Mailing Address 25 June Street

City

Sanford

State

ME

Zip Code

04073-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waterbury Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 23 / 2013

Transaction ID : 21327335

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert F Letson FACHE

Mailing Address 4300 Bartlett Street

City

Homer

State

AK

Zip Code

99603-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Peninsula Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 26 / 2013

Transaction ID : 21327337

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Craig W Jones

Mailing Address 4000 Lincoln Boulevard

City State Zip Code
 Oklahoma City OK 73105-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Oklahoma Hospital Association

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1925.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2013

Transaction ID : 21327340

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Judith C Tartaglia

Mailing Address P O Box 547

City State Zip Code
 Barre VT 05641-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Central Vermont Medical Center

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2013

Transaction ID : 21327343

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Melvyn Patashnick

Mailing Address 528 Washington Highway

City State Zip Code
 Morrisville VT 05661-8973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Copley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2013

Transaction ID : 21327344

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert E Simpson Jr. MPH

Mailing Address P O Box 803

City

Brattleboro

State

VT

Zip Code

05302-0803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brattleboro Retreat

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21327345

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Reed Reyman

Mailing Address 30 Seventh Street West

City

Dickinson

State

ND

Zip Code

58601-4335

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital and Health Cente

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21327364

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Henry D Lipman

Mailing Address 80 Highland Street

City

Laconia

State

NH

Zip Code

03246-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakes Region General Hospital

Occupation

Senior Vice President, Financial Strat

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21327372

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kimberly A. Champi Krenik

Mailing Address 717 Putnam Place

City

Alexandria

State

VA

Zip Code

22302-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21327579

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher A Chekouras

Mailing Address 523 Fellowship Road
Suite 270

City

Mount Laurel

State

NJ

Zip Code

08054-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21327580

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Ms. Suzanne Ghee

Mailing Address 27 Piedmont Lane

City

Sicklerville

State

NJ

Zip Code

08081-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua

Occupation

Director, Health Policy & Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21327581

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John M. Matsinger

Mailing Address 68 Sunflower Drive

City

Huntingdon Valley

State

PA

Zip Code

19006-5417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21327582

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Mr. James Bickel

Mailing Address 4370 Washington Street

City

Columbus

State

IN

Zip Code

47203-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21327587

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Brian K Ring

Mailing Address 1111 Fox Hollow Road

City

New Castle

State

IN

Zip Code

47362-8949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry County Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21327591

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1227.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Carl Risk II

Mailing Address 2479 Woods Edge Drive

City State Zip Code
 Madison IN 47250-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Vincent Jennings Hospital

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 23 2013

Transaction ID : 21327592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Ronald Prill

Mailing Address 5807 NE El Rey Drive

City State Zip Code
 Camas WA 98607

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PeaceHealth Southwest Medical Center

Occupation
 Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 30 2013

Transaction ID : 21327678

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms Joanne Roberts MD

Mailing Address 1321 Colby Avenue

City State Zip Code
 Everett WA 98206-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Providence Regional Medical Center Eve

Occupation
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 30 2013

Transaction ID : 21327679

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Cassie Sauer

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2013

Transaction ID : 21327680

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Frank G McDougall Jr

Mailing Address One Medical Center Drive

City State Zip Code
Lebanon NH 03756-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Center

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : 21327681

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott W Howe

Mailing Address 173 Middle Street

City State Zip Code
Lancaster NH 03584-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Weeks Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : 21327684

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2013			

Transaction ID : 21327687

Amount of Each Receipt this Period

38.25

Full Name (Last, First, Middle Initial)

B. Mr. Glenn C Sisk

Mailing Address 315 West Hickory Street

City

Sylacauga

State

AL

Zip Code

35150-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coosa Valley Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2013			

Transaction ID : 21327688

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Vanessa Green

Mailing Address 9089 Coaling Road

City

Sylacauga

State

AL

Zip Code

35151-8817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coosa Valley Medical Center

Occupation

Chief of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2013			

Transaction ID : 21327689

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1038.25

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Amy S. Price

Mailing Address 916 Cherokee Drive

City

Sylacauga

State

AL

Zip Code

35150-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coosa Valley Medical Center

Occupation

Chief Operating Officer/Chief Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21327690

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Chris Bosse

Mailing Address 77 Pringle Way

City

Reno

State

NV

Zip Code

89502-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renown Regional Medical Center

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21327703

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Frank A Corvino

Mailing Address 408 West Lyon Farm Drive

City

Greenwich

State

CT

Zip Code

06831-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenwich Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21328064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lester K Diamond

Mailing Address 35 Avery Circle

City

Jackson

State

MS

Zip Code

39211-2473

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Dominic-Jackson Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21328083

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Steve Dickson

Mailing Address P.O. Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President/CEO, Stratagem, Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21328085

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Ms. Judith O Forshee

Mailing Address Post Office Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Vice President of Education & Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21328087

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard G Hilton

Mailing Address P O Box 1506

City
Starkville

State
MS

Zip Code
39760-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21328096

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Mendal Kemp

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Director-Center for Rural Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21328103

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Mr. Steve Lesley

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Director of Data Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.74

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21328106

Amount of Each Receipt this Period

23.24

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.24

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marcella McKay Ph.D.

Mailing Address 322 Helmsley Drive

City

Brandon

State

MS

Zip Code

39047-8159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

310.00

Date of Receipt

12 / 23 / 2013

Transaction ID : 21328111

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Julie McNeese

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

358.50

Date of Receipt

12 / 23 / 2013

Transaction ID : 21328112

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. Mrs. Shawn Rossi

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

VP for Marketing & Public Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.73

Date of Receipt

12 / 23 / 2013

Transaction ID : 21328121

Amount of Each Receipt this Period

17.09

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald Keith Smith

Mailing Address 1314 19th Avenue

City

Meridian

State

MS

Zip Code

39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rush Foundation Hospital

Occupation

Corporate Director of HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : 21328124

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms JoAnne Inman

Mailing Address 212 B 7th Street

City

Virginia Beach

State

VA

Zip Code

23451-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Director/Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21328141

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Mr. Greg S. Bell

Mailing Address 2180 South 1300 East, Suite 440

City

Salt Lake City

State

UT

Zip Code

84106-2856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21328146

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Terri Kane

Mailing Address 1380 East Medical Center Drive

City State Zip Code
 Saint George UT 84790-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Dixie Regional Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21328147

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas D. Dee III

Mailing Address 1575 Devonshire Drive

City State Zip Code
 Salt Lake City UT 84108-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
 McKay-Dee Hospital Center

Occupation
 Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21328148

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jim Budzinski

Mailing Address 4050 Glen Hill Way

City State Zip Code
 Marietta GA 30066-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WellStar Health System

Occupation
 Executive Vice President and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21328420

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ethan James

Mailing Address 1838 Ravenwood Way

City State Zip Code
Atlanta GA 30329-2723

FEC ID number of contributing federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2013

Transaction ID : 21328424

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

B. Ms. Carie Summers

Mailing Address 1675 Terrell Mill Road

City State Zip Code
Marietta GA 30067-8339

FEC ID number of contributing federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2013

Transaction ID : 21328434

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mr. Barry P Ronan

Mailing Address 15119 Trailridge Road

City State Zip Code
Cumberland MD 21502-5846

FEC ID number of contributing federal political committee.

C

Name of Employer

Western Maryland Regional Medical Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 20 2013

Transaction ID : 21328444

Amount of Each Receipt this Period

153.00

SUBTOTAL of Receipts This Page (optional)..... ►

398.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael A Franklin , FACHE

Mailing Address 11418 Newport Bay Drive

City
Berlin

State
MD

Zip Code
21811-9642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328456

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas A Kleinhanzl

Mailing Address 4306 Saratoga Springs Court

City

Middletown

State

MD

Zip Code

21769-8110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frederick Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328468

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. Samuel E Moskowitz

Mailing Address 6 Hambleton Court

City

Baltimore

State

MD

Zip Code

21208-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Franklin Square Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328477

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric R Wagner

Mailing Address 711 East Timber Branch Parkway

City

Alexandria

State

VA

Zip Code

22302-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

EVP, External Affairs and Diversified

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 21328492

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael J Curran

Mailing Address 3551 Cattail Creek Drive

City

Glenwood

State

MD

Zip Code

21738-9607

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

CAO and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 27 / 2013

Transaction ID : 21328497

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

c. Dr. Stephen R. T. Evans MD

Mailing Address 6609 Pyle Road

City

Bethesda

State

MD

Zip Code

20817-5453

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 27 / 2013

Transaction ID : 21328498

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1020.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Maureen McCausland DNSc, RN,

Mailing Address 2378 Adam David Way

City

Marriottsville

State

MD

Zip Code

21104-1478

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Sr. Vice President and Chief Nursing O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 27 / 2013

Transaction ID : 21328499

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Lee Ross M.D., MS

Mailing Address 11267 Independence Way

City

Ellicott City

State

MD

Zip Code

21044-4862

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours Baltimore Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.00

Date of Receipt

12 / 27 / 2013

Transaction ID : 21328500

Amount of Each Receipt this Period

493.00

Full Name (Last, First, Middle Initial)

c. Mr. Kenneth A Samet

Mailing Address 8820 Burdette Road

City

Bethesda

State

MD

Zip Code

20817-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 27 / 2013

Transaction ID : 21328501

Amount of Each Receipt this Period

255.00

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1003.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Carl J Schindelar

Mailing Address 2321 Kings Arm Drive

City

Fallston

State

MD

Zip Code

21047-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 27 / 2013

Transaction ID : 21328502

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Ms. Christine Swearingen

Mailing Address 3022 Chestnut Street, NW

City

Washington

State

DC

Zip Code

20015-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 27 / 2013

Transaction ID : 21328503

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim Evans

Mailing Address 235 Dry Brance Court

City

Greenwood

State

SC

Zip Code

29649-2271

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 21328514

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James A Pfeiffer FACHE

Mailing Address 1325 Spring Street

City State Zip Code
 Greenwood SC 29646-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2013

Transaction ID : 21328515

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. F Gregory Mappin MD

Mailing Address 1325 Spring Street

City State Zip Code
 Greenwood SC 29646-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2013

Transaction ID : 21328516

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. William Keith

Mailing Address 2435 Forest Drive

City State Zip Code
 Columbia SC 29204-2098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

Director, Resources Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2013

Transaction ID : 21328523

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Craig White

Mailing Address 1325 Spring Street

City

Greenwood

State

SC

Zip Code

29646-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

Vice President Corporate Compliance an

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328524

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Allan Stalvey

Mailing Address 900 Gregg Street

City

Columbia

State

SC

Zip Code

29201-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328525

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Mr. J Thornton Kirby

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Hospital Association

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328526

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John A Miller Jr FACHE

Mailing Address 1 Spring Back Way

City

Anderson

State

SC

Zip Code

29621-2676

FEC ID number of contributing
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328527

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard E D'Alberto FACHE

Mailing Address P O Box 976

City

Clinton

State

SC

Zip Code

29325-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Health System - Laurens Cou

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328528

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Schmehl

Mailing Address 3221 Sargent Drive

City

Falls Church

State

VA

Zip Code

22044-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21328575

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark S. Lawrence

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Medical Center

Occupation

Vice President Governmental Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21328576

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. J. Douglas Wall

Mailing Address 8650 Sudley Rd
Suite 411

City

Manassas

State

VA

Zip Code

20110-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21328577

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Barr

Mailing Address 2418 Crowncrest Way

City

Richmond

State

VA

Zip Code

23233-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21328578

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roy Proujansky MD

Mailing Address Box 269

City

Wilmington

State

DE

Zip Code

19899-0269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nemours

Occupation

Executive Vice President Patient Opera

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21328597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey M Fried FACHE

Mailing Address 17 Patriots Way

City

Rehoboth Beach

State

DE

Zip Code

19971-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beebe Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21328598

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Cynthia Moore-Hardy FACHE

Mailing Address 7590 Auburn Road

City

Painesville

State

OH

Zip Code

44077-9176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21328604

Amount of Each Receipt this Period

500.00

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TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jonathan Archey

Mailing Address 155 East Broad Street

City State Zip Code
Columbus OH 43215-3626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Federal Relations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21328605

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Frederick Frank

Mailing Address 7817 Westbury Ct

City State Zip Code
Dublin OH 43016-8546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Director, State Policy & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21328607

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. John Palmer

Mailing Address 155 East Broad Street

City State Zip Code
Columbus OH 43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Director of Media & Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21328608

Amount of Each Receipt this Period

350.00

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1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence Bell

Mailing Address 369 Downing Rd

City
Riverside

State
IL

Zip Code
60546-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cadence Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328612

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin R Brady

Mailing Address 1525 Hillcrest Road

City

Downers Grove

State

IL

Zip Code

60516-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328613

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert Christie

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Lake Forest Hospital

Occupation

Vice President Government and Legislat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328616

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kamala Ghaey

Mailing Address 219 Central Avenue

City State Zip Code
Chicago IL 60630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Illinois Masonic Medical Cent

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 20 2013

Transaction ID : 21328617

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms Bridgett Gibbons

Mailing Address 2132 West Warner

City State Zip Code
Chicago IL 60618-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 20 2013

Transaction ID : 21328618

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Dean M Harrison

Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 20 2013

Transaction ID : 21328619

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elizabeth Rosenberg

Mailing Address 772 North Main Street

City

Glen Ellyn

State

IL

Zip Code

60137-3942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cadence Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328621

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Vivoda

Mailing Address 25 North Winfield Road

City

Winfield

State

IL

Zip Code

60190-1295

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cadence Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21328622

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Hinchey

Mailing Address 191 Brookhave Drive East

City

Longmeadow

State

MA

Zip Code

01028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Health, Inc.

Occupation

Senior Vice President, Chief Academic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21328651

Amount of Each Receipt this Period

375.00

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TOTAL This Period (last page this line number only)..... ►

1325.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.66

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336653

Amount of Each Receipt this Period

80.14

Full Name (Last, First, Middle Initial)

B. Mr. Dennis A Hachenberg FACHE

Mailing Address 105 N. Oak St.

City

Garnett

State

KS

Zip Code

66032-0309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anderson County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336666

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Mr. Jon Jackson

Mailing Address 8000 Tomahawk Road

City

Prairie Village

State

KS

Zip Code

66208-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Sr. VP, Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336675

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

730.14

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. William Marting

Mailing Address 437 SE Youngston Lane

City

Lees Summit

State

MO

Zip Code

64063-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

VP Finance

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336682

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Lee A NormanMailing Address 210 W 5th St
#205

City

Kansas City

State

MO

Zip Code

64105-1166

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Chief Medical Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336689

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Randall G Nyp FACHE

Mailing Address 655 North 1495 Road

City

Lawrence

State

KS

Zip Code

66049-9189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336691

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bob Page

Mailing Address 13413 W. 75th Ct.

City

Shawnee

State

KS

Zip Code

66216-3078

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336692

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Ms. Tammy Peterman

Mailing Address 9714 W. 145th Terr.

City

Overland Park

State

KS

Zip Code

66221-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336696

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph Stratton FACHE

Mailing Address 4174 Otter Creek Rd.

City

Junction City

State

KS

Zip Code

66441-7884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geary Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336706

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1387.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Hugh C. Tappan

Mailing Address 14000 E. Castlewood Circle

City

Wichita

State

KS

Zip Code

67214-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wesley Medical Center

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336707

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Ms. Debra L. Yocum

Mailing Address 5045 SE 10th

City

Tecumseh

State

KS

Zip Code

66542-9426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Vice President, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : 21336716

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Ms. Donna Meador

Mailing Address 461 Mill Circle Drive

City

Shelbyville

State

KY

Zip Code

40065-9722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jewish Hospital-Shelbyville

Occupation

Vice President, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336747

Amount of Each Receipt this Period

252.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

777.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian Brezosky

Mailing Address Post Office Box 436620

City

Louisville

State

KY

Zip Code

40253-6620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336753

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth G. Cobb

Mailing Address P.O. Box 436629

City

Louisville

State

KY

Zip Code

40205-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336754

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Ms. Kim J. Dees

Mailing Address 2501 Nelson Miller Parkway
Post Office Box 436629

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Executive Dir, Center for Health Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336755

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Paige Franklin

Mailing Address 404 Kaelin Drive

City

Louisville

State

KY

Zip Code

40207-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336756

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Ms. Nancy C. Galvagni

Mailing Address 2501 Nelson Miller Parkway

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336757

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen P. Miller

Mailing Address 1101 Cardinal Drive

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336758

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sarah S. Nicholson

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code
 Louisville KY 40223-2221

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21336759

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Ms. Debbie Riley

Mailing Address 502 Trotwood Place

City State Zip Code
 Louisville KY 40245-4071

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21336760

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Ms. Carol J. Walters

Mailing Address Post Office Box 436629

City State Zip Code
 Louisville KY 40253-6629

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21336761

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles J. Warnick

Mailing Address 120 Hilltop Meadow

City

Frankfort

State

KY

Zip Code

46001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336762

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Mr. Matthew L Anderson JD

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Regulatory/Strategic A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1199.90

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336796

Amount of Each Receipt this Period

323.05

Full Name (Last, First, Middle Initial)

c. Ms. Catherine Barr

Mailing Address 559 Capitol Boulevard

City

Saint Paul

State

MN

Zip Code

55103-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bethesda Hospital

Occupation

Senior Vice President and President, B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336797

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.05

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Stacy Barstad

Mailing Address 251 Fifth Street East

City
Tracy

State
MN

Zip Code
56175-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Westbrook Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336798

Amount of Each Receipt this Period

32.50

Full Name (Last, First, Middle Initial)

B. Mr. Joel Beiswenger

Mailing Address 415 Jefferson Street North

City

Wadena

State

MN

Zip Code

56482-1264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21336799

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jon D Braband FACHE

Mailing Address 1805 Hennepin Avenue North

City

Glencoe

State

MN

Zip Code

55336-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Glencoe Regional Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21337571

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

457.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Wendy Burt

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Communications & Publi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21337573

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

B. Ms. Tania Daniels

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21337575

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

C. Ms. Ann Gibson

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

579.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21337579

Amount of Each Receipt this Period

137.97

SUBTOTAL of Receipts This Page (optional)..... ►

407.19

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kristin Loncorich

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director of State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21337584

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

B. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3013.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21337585

Amount of Each Receipt this Period

729.19

Full Name (Last, First, Middle Initial)

C. Mr. David A Nelson

Mailing Address 2400 St Francis Drive

City State Zip Code
Breckenridge MN 56520-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis Healthcare Campus

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 21337587

Amount of Each Receipt this Period

250.00

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1113.80

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dan Olson

Mailing Address 1300 Anne Street NW

City State Zip Code
 Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sanford Bemidji Medical Center

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21337588

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Ben Peltier

Mailing Address 2550 University Avenue W.
 Suite 350-S

City State Zip Code
 Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Minnesota Hospital Association

Occupation
 Vice President, Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21337710

Amount of Each Receipt this Period

269.29

Full Name (Last, First, Middle Initial)

C. Mr. Joseph A Schindler

Mailing Address 2550 University Avenue W.
 Suite 350-S

City State Zip Code
 Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Minnesota Hospital Association

Occupation
 Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.98

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : 21337711

Amount of Each Receipt this Period

134.61

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

653.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Sonneborn

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President of Information Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21337715

Amount of Each Receipt this Period

134.19

Full Name (Last, First, Middle Initial)

B. Ms. Peggy Westby

Mailing Address 2550 University Avenue W.
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21338120

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

c. Dr. Robert J Laskowski MD, MBA

Mailing Address P O Box 1668

City

Wilmington

State

DE

Zip Code

19899-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : 21338386

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1518.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1045726229490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1057462129490

Amount of Each Receipt this Period

38.47

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Sarah B. Macchiarola

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1082532729490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

141.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Jellen

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1113464229490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Lisa Allen

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1118928229490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Mr. Dale A Kirby

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1125892329490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Meadows

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1260472929490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1347703629490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1347791029490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

91.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1348169729490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Sharon Allen

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1474886229490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1475133729490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

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TOTAL This Period (last page this line number only)..... ►

91.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1476385729490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mrs. Stephanie H Drake

Mailing Address 155 N. Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1492459929490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Monica D Day

Mailing Address 4321 Telfair Blvd
D319

City

Suitland

State

MD

Zip Code

20746-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1516850629490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elisa Arespacochaga

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR1555656229490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathy Poole

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR1589439929490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Kimberly Baker

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR1590809129490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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80.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 171
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bob Kehoe

Mailing Address 155 N Wacker Dr Fl 7

City
ChicagoState
ILZip Code
60606-1787FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2013					

Transaction ID : PR1625368329490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Bill Ladewski

Mailing Address One North Franklin

City
ChicagoState
ILZip Code
60606-3436FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Healt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2013					

Transaction ID : PR1625369129490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Monique Showalter

Mailing Address One North Franklin

City
ChicagoState
ILZip Code
60606-3436FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2013					

Transaction ID : PR1625602229490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.16

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2013

Transaction ID : PR1648726629490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Erik RasmussenMailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2801

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2013

Transaction ID : PR1819487929490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Aimee KuhlmanMailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2801

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 31 2013

Transaction ID : PR1877582329490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

130.16

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Shari Dexter

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1878189829490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Joanna Kim

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1913190529490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Evelyn Knolle

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR1913190729490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

103.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathleen Cain

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Staff Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR1936378429490

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Janet Henderson

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR1937843129490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Diane Jones

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR1943461529490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR327629129490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City State Zip Code
Park Ridge IL 60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR327771629490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR32777229490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
 Oak Park IL 60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR32777829490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Neil Jesuele

Mailing Address 155 N Wacker Dr

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Washingt

Occupation
 Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR327801729490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Pamela Austin Thompson RN, MSN

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Washingt

Occupation
 Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : PR327812029490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR327831729490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR327846229490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Ellen A. PrygaMailing Address 2401 Calvert Street, NW
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR327851929490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

103.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR327858029490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John F. Barry

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR327877829490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City Chicago State IL Zip Code 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR327895729490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR327906129490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Judy Williams

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR327918929490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR328132829490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR328136929490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR328223829490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.50

Date of Receipt

12 / 31 / 2013

Transaction ID : PR328241429490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR328260929490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Carla J Luggiero

Mailing Address 325 7th St Nw
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Fed Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR328490129490

Amount of Each Receipt this Period

18.88

P/R Deduction (\$9.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR328511829490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

172.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR328512029490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR328641129490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR328913329490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR329013429490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Dr. John R. Combes

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR329071329490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Robyn L. Bash

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR329084429490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR329215729490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR329342629490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR330343329490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

141.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR330411629490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR330465229490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR330475429490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR330547729490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR330549229490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR331098329490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2013					

Transaction ID : PR331278829490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2013					

Transaction ID : PR331304229490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Jo Ann WebbMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2013					

Transaction ID : PR331379129490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

141.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR331386929490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Dale Woodin

Mailing Address 800 W. Central Road

City Arlington Heights State IL Zip Code 60005-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR331481329490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : PR518031929490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR560101529490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR566280929490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City State Zip Code
Alexandria VA 22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR766023729490

Amount of Each Receipt this Period

76.72

P/R Deduction (\$38.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR801366329490

Amount of Each Receipt this Period

26.72

P/R Deduction (\$13.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Lisa Kidder Hrobksy

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : PR876637229490

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.96

128888.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City
Austin

State
TX

Zip Code
78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

66000.00

Date of Receipt

12 / **26** / **2013**

Transaction ID : 21327353

Amount of Each Receipt this Period

13000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13000.00

13000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2301.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : 21340763

Amount of Each Receipt this Period

8.37

Interest Earned

Full Name (Last, First, Middle Initial)

B. TD Bank

Mailing Address 901 Seventh Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2554.91

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21340765

Amount of Each Receipt this Period

253.55

Interest Earned

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

261.92

TOTAL This Period (last page this line number only)..... ►

261.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2013
Transaction ID : 21340767

Amount of Each Disbursement this Period

34.14

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2013
Transaction ID : 21340768

Amount of Each Disbursement this Period

104.71

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013
Transaction ID : 21340769

Amount of Each Disbursement this Period

154.16

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

293.01

293.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Orrin PAC

Mailing Address 175 S. West Temple Suite 650

City	State	Zip Code
Salt Lake City	UT	84101

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Orrin PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 21299811

Amount of Each Disbursement this Period

1500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Byrne for Congress, Inc.

Mailing Address PO Box 2743

City	State	Zip Code
Mobile	AL	36652-2743

Purpose of Disbursement
Contribution

011

Candidate Name

Bradley Byrne

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: AL

District: 01

2013 Special General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 21299813

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Farr

Mailing Address PO Box 122

City	State	Zip Code
Monterey	CA	93942

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sam Farr

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 21299816

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Honda For CongressMailing Address C/O Contribution Solutions, Llc
123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael M. HondaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 21299817

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

Candidate Name

Rep. Henry A. WaxmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 21299818

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel B. MaffeiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 21299819

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stivers For Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Stivers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 15

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 21299820

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement
Contribution

Candidate Name

Rep. Elijah E. Cummings

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MD District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 21299821

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address PO Box 1372

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph D. Courtney

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CT District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Convention2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Transaction ID : 21300146

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve J. IsraelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304233

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement
Contribution

Candidate Name

Rep. David Wayne Loeb sackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304234

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Committee

Mailing Address 1150 University Ave, Bldg. 5

City	State	Zip Code
Rochester	NY	14607

Purpose of Disbursement
Contribution

Candidate Name

Rep. Louise McIntosh SlaughterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304251

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tim Walz For U.S. Congress

Mailing Address PO Box 938

City	State	Zip Code
Mankato	MN	56002

Purpose of Disbursement
Contribution

Candidate Name

Rep. Timothy J. WalzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304252

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Frederica S. Wilson For CongressMailing Address 19821 Nw 2nd Avenue
Box 354

City	State	Zip Code
Miami Gardens	FL	33169

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frederica S. WilsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304253

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Motor City PACMailing Address 600 Pennsylvania Avenue, SE
Suite 210

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2013 Contribution

Candidate Name

Motor City PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304255

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Shore PAC

Mailing Address P.O. Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Shore PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304256

Amount of Each Disbursement this Period

2500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address P.O. Box 77

City	State	Zip Code
East Moline	IL	61244

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Cheri Bustos

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304257

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. BETTY-PAC

Mailing Address PO BOX 14141

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

BETTY-PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 21304259

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bennet For Colorado

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Michael F. Bennet

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311890

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City	State	Zip Code
Catonsville	MD	21228

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Sen. Benjamin Cardin

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311891

Amount of Each Disbursement this Period

1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

C. Schatz For Senate

Mailing Address PO Box 3828

City	State	Zip Code
Honolulu	HI	96812

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Brian E. Schatz

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311892

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland	State OR	Zip Code 97232
------------------	-------------	-------------------

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Ron Wyden

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311893

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove	State CA	Zip Code 95758
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ami Bera MD

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311894

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood	State TN	Zip Code 37024
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Marsha Blackburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311895

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph CrowleyCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311898

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph CrowleyCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311899

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Texans For Henry Cuellar Congressional CampaignMailing Address 1519 Washington Street
Suite 200

City Laredo	State TX	Zip Code 78040
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Henry CuellarCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311900

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield	State CT	Zip Code 06824
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. James A. HimesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2013

Transaction ID : 21311916

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse	State WI	Zip Code 54601
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ron KindOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2013

Transaction ID : 21311921

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue

City Niles	State OH	Zip Code 44446
---------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Timothy J. RyanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2013

Transaction ID : 21311947

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kyrsten SinemaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21311952

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. For America's Republican Majority (FARM PAC)Mailing Address 675 N. Washington St.
Suite 410

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2013 Contribution

Candidate Name

For America's Republican Majority (FARM PAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313312

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Green Mountain PAC

Mailing Address PO Box 1142

City	State	Zip Code
Montpelier	VT	05601

Purpose of Disbursement
2013 Contribution

Candidate Name

Green Mountain PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313313

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kelly PAC

Mailing Address PO Box 233

City	State	Zip Code
Nashua	NH	03061

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Kelly PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313314

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. IMPACTMailing Address 509 Madison Ave.
Suite 1902

City	State	Zip Code
New York	NY	10022

Purpose of Disbursement
2013 Contribution

011

Candidate Name

IMPACT

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313320

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Making America Prosperous PAC

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Making America Prosperous PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313335

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New Millenium PAC

Mailing Address Post Office Box 632

City	State	Zip Code
Union City	NJ	07087

Purpose of Disbursement
2013 Contribution

011

Candidate Name

New Millenium PAC

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313342

Amount of Each Disbursement this Period

2500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Prosperity PAC

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22307

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Prosperity PAC

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313348

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Victory Now!Mailing Address 10605 Concord Street
Suite 202

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Victory Now!

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313349

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

	21b		22	<input checked="" type="checkbox"/>	23		24		25		26
	27		28a		28b		28c		29		30b

American Hospital Association PAC

A. MURPHPAC

Three digital displays are shown side-by-side, separated by slashes. The first display shows '12' with missing segments on the top bar and the top-right corner. The second display shows '12' with missing segments on the top bar and the top-right corner. The third display shows '2013' with missing segments on the top bar and the top-right corner.

011

MURPHPAC

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

2013 Contribution

B. Friends Of Mary Landrieu, Inc.

011

2500.00

Sen. Mary L. Landrieu

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Contribution

C. Tom Reed For Congress

Three digital displays are shown, each with a different set of missing segments. The first display shows '12' with missing segments for the top-left and top-right of the '1' and the top-right of the '2'. The second display shows '12' with missing segments for the top-left and top-right of the '1' and the top-left and top-right of the '2'. The third display shows '2013' with missing segments for the top-left and top-right of the '2', the top-left and top-right of the '0', the top-left and top-right of the '1', and the top-left and top-right of the '3'.

011

200.00

Rep. Tom Reed

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Contribution

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Paul Tonko For CongressMailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul David TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313356

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Common Ground PAC

Mailing Address 20 West Maple Street

City Alexandria State VA Zip Code 22301-2604

Purpose of Disbursement
2013 Contribution

Candidate Name

Common Ground PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313383

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
Contribution

Candidate Name

Rep. Morgan H. GriffithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313384

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven	State CT	Zip Code 06511
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Rosa L. DeLauroOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 03

Convention2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313385

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 479

City Glastonbury	State CT	Zip Code 06033
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. LarsonOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 01

Convention2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : 21313387

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City Helena	State MT	Zip Code 59624
----------------	-------------	-------------------

Purpose of Disbursement
Void of 10/13 Check

Candidate Name

Sen. Jon TesterOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 21319385

Amount of Each Disbursement this Period

-1000.00

Void of 10/13 Check

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 450

City	State	Zip Code
Victor	NY	14564

Purpose of Disbursement
Void of 11/13 Check

011

Category/
Type

Candidate Name

Rep. Tom ReedOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 21319386

Amount of Each Disbursement this Period

-2000.00

Void of 11/13 Check

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement
Void of 11/13 Check

011

Category/
Type

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 21319387

Amount of Each Disbursement this Period

-1000.00

Void of 11/13 Check

Full Name (Last, First, Middle Initial)

C. Leadership For Today and TomorrowMailing Address 625 3rd Street, NE
Suite #2

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Void of 11/13 Check

011

Category/
Type

Candidate Name

Leadership For Today and TomorrowOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 21319388

Amount of Each Disbursement this Period

-2000.00

Void of 11/13 Check

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dakota Prairie PAC

Mailing Address PO Box 1577

City	State	Zip Code
Bismarck	ND	58502

Purpose of Disbursement
Void of 11/13 Check

011

Candidate Name

Dakota Prairie PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : 21319389

Amount of Each Disbursement this Period

-1000.00

Void of 11/13 Check

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John Cornyn

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319400

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Elizabeth Esty

Mailing Address PO Box 61

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Elizabeth Esty

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input checked="" type="checkbox"/> Other (specify) ▼
	Convention2014

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319404

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Vicky Hartzler For Congress

Mailing Address P.O. Box 415004

City	State	Zip Code
Kansas City	MO	64141

Purpose of Disbursement
Contribution

Candidate Name

Rep. Vicky HartzlerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319407

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott PetersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319409

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. David Scott For Congress

Mailing Address P.O. Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement
Contribution

Candidate Name

Rep. David Albert ScottOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319412

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 171

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Takano For Congress

Mailing Address PO Box 5214

City	State	Zip Code
Riverside	CA	92517

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mark TakanoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319414

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Walberg For Congress

Mailing Address PO Box 1362

City	State	Zip Code
Jackson	MI	49204

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim WalbergOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319415

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. EMPIRE PAC

Mailing Address P.O. BOX 15033

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2013 Contribution

Candidate Name

EMPIRE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319425

Amount of Each Disbursement this Period

2000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heartland Values PAC

Mailing Address P.O. Box 505

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Heartland Values PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319427

Amount of Each Disbursement this Period

500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Lone Star Leadership PACMailing Address 7315 Wisconsin Avenue
Suite 310 East

City	State	Zip Code
Bethesda	MD	20814

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Lone Star Leadership PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319429

Amount of Each Disbursement this Period

3000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership FundMailing Address 700 Thirteenth Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Searchlight Leadership Fund

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 21319431

Amount of Each Disbursement this Period

5000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Johnson For Congress

Mailing Address P.O. Box 14496

City	State	Zip Code
Poland	OH	44514

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Johnson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 06

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : 21327869

Amount of Each Disbursement this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

70700.00
